

Employee Post-Travel Disclosure of Travel Expenses

Date/Time Stamp:
RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

Post-Travel Filing Instructions: Complete this form within **30 days** of returning from travel. Submit all forms to the **Office of Public Records in 232 Hart Building**.

2018 APR -4 AM 10:15

In compliance with Rule 35.2(a) and (c), I make the following disclosures with respect to travel expenses that have been or will be reimbursed/paid for me. I also certify that I have attached:

- ☒ The **original** *Employee Pre-Travel Authorization* (Form RE-1), **AND**
☒ A **copy** of the *Private Sponsor Travel Certification Form* with all attachments (itinerary, invitee list, etc.)

Private Sponsor(s) (list all): Healthcare Information and Management Systems Society (HIMSS)

Travel date(s): March 6-9, 2018

Name of accompanying family member (if any): N/A

Relationship to Traveler: ☐ Spouse ☐ Child

IF THE COST OF LODGING DID NOT INCREASE DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD, ONLY INCLUDE LODGING COSTS IN EMPLOYEE EXPENSES. (Attach additional pages if necessary.)

Expenses for Employee:

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input type="checkbox"/> Good Faith Estimate	\$846.78	\$447	512.73	\$795 (govt rate; conference registration fee waived)
<input checked="" type="checkbox"/> Actual Amount				\$45 (Women in Health IT Reception)

Expenses for Accompanying Spouse or Dependent Child (if applicable):

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input type="checkbox"/> Good Faith Estimate				
<input type="checkbox"/> Actual Amount				

Provide a description of all meetings and events attended. See Senate Rule 35.2(c)(6). (Attach additional pages if necessary.): meetings with Imprivata, Cerner, HIMSS Clinical Business Intelligence Committee Members; HIMSS Congressional Staff Panel

4/3/2018 ARIELLE WOLONOFF
(Date) (Printed name of traveler)

Arielle Wolonoff
(Signature of traveler)

TO BE COMPLETED BY SUPERVISING MEMBER/OFFICER:

I have made a determination that the expenses set out above in connections with travel described in the *Employee Pre-Travel Authorization* form, are necessary transportation, lodging, and related expenses as defined in Rule 35.

4/3/18
(Date)

Ron Wyden
(Signature of Supervising Senator/Officer)

EMPLOYEE PRE-TRAVEL AUTHORIZATION

Date/Time Stamp:

ETHIC FEB 29 18PM 3:36

Pre-Travel Filing Instructions: Complete and submit this form at least 30 days prior to the travel departure date to the **Select Committee on Ethics in SH-220**. Incomplete and late travel submissions will not be considered or approved. This form must be typed and is available as a fillable PDF on the Committee's website at ethics.senate.gov. Retain a copy of your entire pre-travel submission for your required post-travel disclosure.

Name of Traveler: Arielle Woronoff

Employing Office/Committee: Senate Committee on Finance Minority

Private Sponsor(s) (list all): Healthcare Information and Management Systems Society (HIMSS)

Travel date(s): 3/6/18-3/9/18
Note: If you plan to extend the trip for any reason you must notify the Committee.

Destination(s): Las Vegas, NV

Explain how this trip is specifically connected to the traveler's official or representational duties:

As Senior Health Counsel, one piece of my portfolio is health information technology. This includes developing and advancing policies and legislation about the topics covered at this conference, such as interoperability and "big data".

Name of accompanying family member (if any): _____

Relationship to Employee: ☐ Spouse ☐ Child

I certify that the information contained in this form is true, complete and correct to the best of my knowledge:

2/2/18
(Date)

Arielle Woronoff
(Signature of Employee)

TO BE COMPLETED BY SUPERVISING SENATOR/OFFICER (President of the Senate, Secretary of the Senate, Sergeant at Arms, Secretary for the Majority, Secretary for the Minority, and Chaplain):

I, RON WYDEN hereby authorize ARIELLE WORONOFF
(Print Senator's/Officer's Name) (Print Traveler's Name)

an employee under my direct supervision, to accept payment or reimbursement for necessary transportation, lodging, and related expenses for travel to the event described above. I have determined that this travel is in connection with his or her duties as a Senate employee or an officeholder, and will not create the appearance that he or she is using public office for private gain.

I have also determined that the attendance of the employee's spouse or child is appropriate to assist in the representation of the Senate. (signify "yes" by checking box) ☐

2/2/18
(Date)

Ron Wyden
(Signature of Supervising Senator/Officer)

PRIVATE SPONSOR TRAVEL CERTIFICATION FORM

This form must be completed by any private entity offering to provide travel or reimbursement for travel to Senate Members, officers, or employees (Senate Rule 35, clause 2). Each sponsor of a fact-finding trip must sign the completed form. The trip sponsor(s) must provide a copy of the completed form to each invited Senate traveler, who will then forward it to the Ethics Committee with any other required materials. The trip sponsor(s) should **NOT** submit the form directly to the Ethics Committee. Please consult the accompanying instructions for more detailed definitions and other key information.

The Senate Member, officer, or employee **MUST** also provide a copy of this form, along with the appropriate travel authorization and reimbursement form, to the Office of Public Records (OPR), Room 232 of the Hart Building, within thirty (30) days after the travel is completed.

1. Sponsor(s) of the trip (please list all sponsors):
Healthcare Information and Management Systems Society (HIMSS)
2. Description of the trip: This is an educational experience to attend the HIMSS18 Annual Conference and Exhibition for education, innovation and collaboration on health information and technology.
3. Dates of travel: March 6 - 9, 2018
4. Place of travel: Las Vegas, NV
5. Name and title of Senate invitees: Please see attached list of Senate invitee
6. I *certify* that the trip fits one of the following categories:
☒ (A) The sponsor(s) are not registered lobbyists or agents of a foreign principal **and** do not retain or employ registered lobbyists or agents of a foreign principal **and** no lobbyist or agents of a foreign principal will accompany the Member, officer, or employee *at any point* throughout the trip.
- OR -
☐ (B) The sponsor or sponsors are not registered lobbyists or agents of a foreign principal, but retain or employ one or more registered lobbyists or agents of a foreign principal and the trip meets the requirements of Senate Rule 35.2(a)(2)(A)(i) or (ii) (*see question 9*).
7. ☒ I *certify* that the trip will not be financed in any part by a registered lobbyist or agent of a foreign principal.
- AND -
☒ I *certify* that the sponsor or sponsors will not accept funds or in-kind contributions earmarked directly or indirectly for the purpose of financing this specific trip from a registered lobbyist or agent of a foreign principal or from a private entity that retains or employs one or more registered lobbyists or agents of a foreign principal.
8. I *certify* that:
☒ The trip will not in any part be planned, organized, requested, or arranged by a registered lobbyist or agent of a foreign principal except for *de minimis* lobbyist involvement.
- AND -
☒ The traveler will not be accompanied on the trip by a registered lobbyist or agent of a foreign principal except as provided for by Committee regulations relating to lobbyist accompaniment (*see question 9*).

9. **USE ONLY IF YOU CHECKED QUESTION 6(B)**

I *certify* that if the sponsor or sponsors retain or employ one or more registered lobbyists or agents of a foreign principal, one of the following scenarios applies:

☐ (A) The trip is for attendance or participation in a one-day event (exclusive of travel time and **one** overnight stay) and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee *on any segment* of the trip.

— OR —

☐ (B) The trip is for attendance or participation in a one-day event (exclusive of travel time and **two** overnight stays) and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee *on any segment* of the trip (*see questions 6 and 10*).

— OR —

☐ (C) The trip is being sponsored only by an organization or organizations designated under § 501(c)(3) of the Internal Revenue Code of 1986 and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee *at any point* throughout the trip.

10. **USE ONLY IF YOU CHECKED QUESTION 9(B)**

If the trip includes two overnight stays, please explain why the second night is practically required for Senate invitees to participate in the travel:

11. ☒ An itinerary for the trip is attached to this form. I *certify* that the attached itinerary is a detailed (hour-by-hour), complete, and final itinerary for the trip.

12. Briefly describe the role of each sponsor in organizing and conducting the trip:

HIMSS develops, organizes, and conducts all aspects of the trip and conference. HIMSS18 is the largest healthcare conference, bringing together thought leaders from across the healthcare community, including providers, IT experts, vendors, and local, federal and state government representatives.

13. Briefly describe the stated mission of each sponsor and how the purpose of the trip relates to that mission:

HIMSS is a global, caused-based not-for-profit focused on transforming health through information and technology. HIMSS provides thought leadership, community building, and professional development, and leads efforts to optimize health engagements and care outcomes using information and technology.

14. Briefly describe each sponsor's prior history of sponsoring congressional trips:

HIMSS holds in Annual Conference every year, and invites congressional staff, as well as federal, state, and local policymakers and officials, for this unique learning experience.

15. Briefly describe the educational activities performed by each sponsor (other than sponsoring congressional trips):

HIMSS hosts educational briefings and roundtables with federal and state officials, and health IT experts focused on relevant health policy issues. These events are both on and off Capitol Hill, as well as across country.

16. Total Expenses for Each Participant:

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses
<input checked="" type="checkbox"/> Good Faith estimate	\$350	\$447	\$185 (Some meals covered in conference registration fee; no alcohol will be provided to Senate staffers)	\$795 (gov't rate; conference registration fee waived) \$350 (pre-con symposia fee waived) \$45 (Women in Health IT)
<input type="checkbox"/> Actual Amounts				

17. State whether a) the trip involves an event that is arranged or organized *without regard* to congressional participation or b) the trip involves an event that is arranged or organized *specifically with regard* to congressional participation:

The trip is organized without regard to congressional participation.

18. Reason for selecting the location of the event or trip

HIMSS Annual Conference brings together over 45,000 attendees and rotates among the few cities that can accommodate a conference of our size.

19. Name and location of hotel or other lodging facility:

The Palazzo Hotel, 3325 S Las Vegas Blvd, Las Vegas, NV 89109

20. Reason(s) for selecting hotel or other lodging facility:

HIMSS seeks bids from local hotels and negotiates with hotels adjacent to the convention center where the conference is held. Contracts are based on a consideration of price, location, accessibility to the conference and availability of rooms to accommodate congressional staff.

21. Describe how the daily expenses for lodging, meals, and other expenses provided to trip participants compares to the maximum per diem rates for official Federal Government travel:

The lodging rate is slightly higher than the per diem rate (by \$15 per night), and the meals rate is

comparable. This event is organized without regard to congressional participation and hotel is selected

for reasons listed in question 20.

22. Describe the type and class of transportation being provided. Indicate whether coach, business-class or first class transportation will be provided. If first-class fare is being provided, please explain why first-class travel is necessary:

Coach air and ground transportation.

23. ☒ I represent that the travel expenses that will be paid for or reimbursed to Senate invitees do not include expenditures for recreational activities, alcohol, or entertainment (other than entertainment provided to all attendees as an integral part of the event, as permissible under Senate Rule 35).

24. List any entertainment that will be provided to, paid for, or reimbursed to Senate invitees and explain why the entertainment is an integral part of the event:

None provided

25. I hereby *certify* that the information contained herein is true, complete and correct. (For trips involving more than one sponsor, you must provide one signature page for each additional sponsor):

Signature of Travel Sponsor: Carla Smith

Name and Title: Carla Smith

Name of Organization: HIMSS

Address: 33 West Monroe, Suite 1700, Chicago, IL 60603

Telephone Number: 734-477-0860

Fax Number: _____

E-mail Address: csmith@himss.org

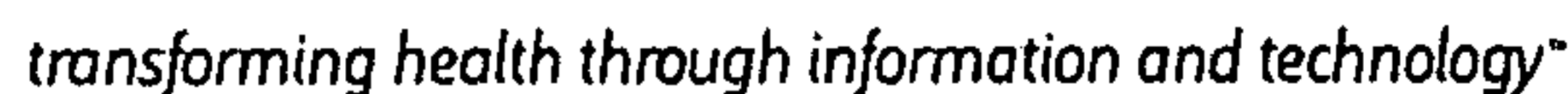
Additional Information

Question 5. U.S. Senate Invitees:

- Brett Baker (Senate Finance Committee)
- Morgan Brand (Sen. Schumer)
- Andrew Burnett, Health Research and Policy Assistant (Senate HELP Committee)
- Jennifer DeAngelis (Sen. Whitehouse)
- Eric Dempsey (Senate Finance Committee)
- Will Dent (Sen. Isakson)
- Marvin Figueroa (Sen. Warner)
- Victoria Flood (Sen. Capito)
- Julia Frederick (Sen. Warren)
- Matt Gallivan (Sen. Cassidy)
- Colin Goldfinch, Senior Health Policy Adviser (Senate HELP Committee)
- Jordan Grossman (Sen. Klobuchar)
- Rita Habib (Sen. Bennett)
- Samantha Helton (Sen. Wicker)
- Elizabeth Henry, Legislative Assistant (Sen. Cochran)
- Virginia Heppner, Professional Staff Member (Senate HELP Committee)
- Will Holloway, Legislative Assistant (Sen. Hatch)
- Danielle Janowski (Sen. Thune)
- Lauren Jee (Sen. Cardin)
- Elizabeth Joseph (Sen. Cochran)
- Adam Lachman (Sen. King)
- Kathleen Laird (Sen. Baldwin)
- Aisling McDonough, Health Legislative Assistant (Sen. Schatz)
- Bobby McMillin, General Counsel (Senate HELP Committee)
- Brett Meeks, Health Counsel (Senate HELP Committee)
- Madeleine Pannell (Senate HELP Committee)
- Lauren Paulos (Sen. Hatch)
- Stuart Portman, Health Policy Adviser (Senate Finance Committee)
- Lorenzo Rubalcava (Sen. Stabenow)
- Kristi Thompson (Senate HELP Committee)
- Beth Vrabel (Senate Finance Committee)
- Arielle Woronoff, Senior Health Counsel (Senate Finance Committee)

Question 23. **Note:** No alcohol will be provided or served to Senate staffers, as noted on the agenda.

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December 19, 2017

Ms. Arielle Woronoff
Senate Committee of Finance
219 Dirksen Senate Office Building
Washington, DC 20510

Dear Ms. Woronoff:

I am pleased to extend this invitation for you to attend the **2018 Healthcare Information and Management Systems Society (HIMSS) Annual Conference and Exhibition** in Las Vegas, Nevada, **March 5 – 8 (or March 6 - 9), 2018**. This unique opportunity will allow you to learn about the potential and the challenges of healthcare information and technology—including electronic health records, health information exchange, and connected health—to help transform healthcare in America.

HIMSS is a global, cause-based, not-for-profit organization focused on transforming health through information and technology, providing thought leadership, professional development, events, market research, and media services around the world. Founded in 1961, HIMSS represents more than 70,000 individuals, plus over 640 corporations and 450 non-profit partner organizations, that share this cause. HIMSS, headquartered in Chicago, serves the global health IT community with additional offices in the United States, Europe, and Asia. To learn more about HIMSS, please visit our website at www.himss.org. HIMSS North America, a business unit within HIMSS focused on thought leadership in the United States and Canada, serves as the host to U.S. congressional staff at HIMSS professional development conferences.

The HIMSS Annual Conference and Exhibition is one of the healthcare sector's largest conferences. The 2018 HIMSS Annual Conference is anticipated to include over 300 educational events, 1,300 leading health information and technology exhibitors, and over 45,000 professionals from the U.S. and around the world. Attendees include hospital executives, physicians, physician group practice managers, nurses and other healthcare providers, federal and state agency staff, public health agency personnel, state and local government representatives, as well as technology vendors and consultants. To learn more about HIMSS18 and view a detailed conference brochure please visit www.himssconference.org.

During the conference, you may be especially interested in participating in a range of health IT policy events and discussions, including the HIMSS Interoperability Showcase, Cybersecurity Command Center, Connected Health Experience, Intelligent Health Pavilion, Federal Health IT Solutions Pavilion, and many other educational opportunities.

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transforming health through information and technology™

33 West Monroe St, Suite 1700
Chicago, IL 60603-5616
Tel 312 664 4467
Fax 312 664 6143
www.himss.org

For the last ten years, HIMSS has offered paid educational opportunities to selected policy makers to attend the HIMSS Annual Conference to learn about the public policy issues and challenges of the system-wide adoption of health information technology. Consistent with Senate and House of Representatives Ethics Rules, HIMSS is extending to you an invitation to attend HIMSS18 for up to three days (72 hours, excluding travel time). HIMSS does not employ or engage a registered lobbyist, lobbying firm, nor do we serve as a foreign agent.

Upon your acceptance of this invitation, we will provide the necessary documents to submit with **your request for approval of privately sponsored travel to the Senate Select Committee on Ethics or House Committee on Ethics, as applicable. Requests must be submitted at least 30 days prior to travel (no later than February 5, 2018).** HIMSS will also provide instructions to book your travel in compliance with the travel rules once approval has been obtained.

Paid opportunities to attend this unique educational event are limited, so if you will be able to attend please R.S.V.P. no later than **January 12, 2018 to allow enough time for you to submit your request to your Ethics Committee at least 30 days prior to travel.** Those responding will be accommodated on a first-come, first-serve basis.

If you have any questions, please feel free to contact me or David Gray at dgray@himss.org or 703-562-8817.

Sincerely,

Samantha Burch
Senior Director, Congressional Affairs
Healthcare Information and Management Systems Society
4300 Wilson Boulevard, Suite 250
Arlington, VA 22203-4168
Phone: 703.562.8847;
E-mail: sbburch@himss.org

11/15/2017 10:10 AM



Congressional Staff Agenda

Location: Sands Expo Center, Las Vegas, NV

March 5 – 9, 2018

Access Full Conference Information here: [HIMSS18](#)

All activities are at Sands Expo Center unless otherwise noted.

All times are Eastern Time (EST).

****Note: All events and receptions listed on this agenda are open to all conference attendees****

Tuesday, March 6th, 2018

11:10am Flight arrives in Las Vegas	
9:30 AM – 6:00 PM (When not attending concurrent educational sessions or for non-scheduled time)	HIMSS18 Exhibition Hall with live technology demonstrations, presentations, and sessions Description: Learn about cutting edge health information technology. Experience thousands of health IT products and services on the HIMSS18 exhibit floor. Features the Meaningful Use Experience — a special live demonstration area that lets the viewer experience proven, certified EHR solutions. Also experience firsthand the Social Media Center, HIMSS Interoperability Showcase, The Intelligent Hospital Pavilion and more.
9:30 AM – 6:00 PM (When not attending concurrent educational sessions or for non-scheduled time)	Interoperability Showcase Description: Explore a health ecosystem where standards-based health IT enables individuals to securely access, contribute to and analyze their own health data. Learn how current health IT products in the market deliver standards-based interoperability and health information exchange with an interactive learning experience.
11:30 – 12:30 PM	Concurrent Education Sessions: Centers for Medicare & Medicaid Services (CMS) Session The Centers for Medicare & Medicaid Services (CMS) will be presenting on several critical topics in their sessions, including: the agency's quality and innovation work related to its health IT-related Medicare payment policies, including the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), Quality Payment Program (QPP), and the Medicaid funding opportunities that exist for providers as well as states in terms of interoperability and Medicaid modernization and modularization. OR The Impact of Smartphone Technology in Clinical Practice This session will discuss study findings and demonstrate how implementing a smartphone solution into clinical practice significantly improved physician response times, increased efficiency and transformed care team communication. OR

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	<p>Virtual Reality Gets Real in Healthcare Recent, real-world case studies in virtual reality (VR) hold promise for medical training as well as operational support. Organizations like the US Army, VA, medical schools, and private hospital systems are exploring new uses. VR is an umbrella term for other areas including augmented reality ("AR") and 3-D. VR and AR technology have advanced to the point where consumer facing immersive VR experiences are accessible at reasonable price points. So far, VR has gotten traction in healthcare mainly as a training and education device, but industry-wide it's a green field for innovation. We've only scratched the surface of VR's potential to disrupt healthcare delivery. New revenue, cost savings and quality gains can be captured from VR across multiple verticals—health system, provider, pharma, payer and consumer. VR can leverage techniques to weave itself into the fabric of healthcare delivery—gamification, social media, narrative, visioning, goal setting and rewards.</p> <p>OR</p> <p>Engaging and Empowering Patients: Redesigning Patient Care This session will discuss how we transformed care coordination and the patient experience in our Maryland-based health system by implementing a patient engagement and care coordination platform supported by a fully enabled virtual care team. The program streamlined communication, collaboration and coordination among hospitalists, specialists and PCP's and implemented a well-defined patient engagement strategy. By sharing actionable health information, providing 24/7 access to virtual care teams and managing transitions of care, we achieved a 350% reduction in in-patient transfers, 100% completion of discharge follow ups within 48 hours, more than 50% reduction in readmission and 15% reduction in no-shows. Feedback indicates a vastly enhanced patient experience, improved quality of care and better outcomes. We will also discuss how remote patient monitoring using intelligent medical devices demonstrates significant potential to further these goals.</p>
12:00 – 1:00 PM	<p>Federal Health Community Lunch</p> <p>Description: A community of HIMSS members and Federal Government employees, coming together for cross-agency information sharing and networking, and to share new ideas on how health IT can be used to improve healthcare delivery by the federal government.</p>
1:00 – 2:00 PM	<p>Concurrent Education Sessions:</p> <p>Human Factors and Workforce Solutions to Connected Care The speakers will examine the enablers of, and barriers to, maximizing health IT work force and human factors in achieving progress as the nation moves toward a more distributed healthcare system by 2025. The speakers will provide an update on cross- sectoral discussions held as part of NEHI's "Healthcare Without Walls" project to identify work force and human factor challenges resulting from increased availability and utilization of digital health, telehealth, remote monitoring, artificial intelligence, and cognitive computing technologies. The speakers will also engage the participants in a discussion around possible solutions, model best practices and tools to address the challenges to enable future progress today.</p> <p>OR</p> <p>Closing the Gap: Risk Insights at the Point of Care Steward Health Care Network is an accountable care organization with 3,500 physicians, 18 hospital campuses, and 25 affiliated urgent care provider</p>

2025 RELEASE UNDER E.O. 14176

	<p>locations. Headquartered in Boston, Steward is community-based and physician-led with more than 23,000 employees across four states. With their participation in the Next Generation ACO program, the MassHealth Medicaid ACO and a growing Medicare Advantage footprint, Steward needs to accurately understand patient risk to develop appropriate care programs and ensure appropriate reimbursement to fund those programs. As documentation requirements for continually increase, Steward's investment in a centralized data infrastructure supported a significant financial return and now helps alleviate provider frustration stemming from having to manage patient details in multiple technology platforms. By pushing HCC coding gaps directly to the EHR for provider review, Steward has entered the next phase of a successful risk program.</p> <p>OR</p> <p>Safer Transition from the ER Using Asynchronous Virtual Care Patients leaving the ED lack available post-acute care options, including care coordination. They're at risk to return to the hospital at significant cost, impacting patient safety, care quality, satisfaction with service and re-admissions. Emergency Medicine Consultants sought a solution to engage with patients after discharge which would result in higher levels of patient satisfaction, lower readmissions, and lower system leakage. EMC launched Safe Transitions virtual care in Sept 2016. The post-ED safety program leverages text-first telemedicine to offer no barrier, physician access for patient continuity of care inquiries and ongoing treatment. Broadening the traditional ED visit into a patient-centric, acute care episode improves reliability and builds loyalty between patient and system. This session will describe service adoption and care metrics for this unique post-acute ED telehealth application, as well as future service line plans.</p> <p>OR</p> <p>Sutter Health: A Health Data Sharing Case Study Whether they have sought treatment across the street or across the country, they expect their health data to be available to their physicians and themselves. Sutter Health, a non-profit health system in California, is pioneering health data sharing by leveraging national-level interoperability initiatives like Carequality. They will share best practices in implementing the leading interoperability framework and other health data sharing initiatives, and insights for the future of health data sharing among and between providers, payers, and patients.</p>
2:30 – 3:30 PM	<p>Concurrent Education Sessions:</p> <p>Optimizing EHR Governance to Improve the User Experience After the go live is over, the work of EHR optimization begins. In 2014, Dignity Health initiated a standardized approach to EHR governance with the goal of optimizing the User Experience. The results have been phenomenal. Increased throughput, decreased turn-around-time along with greater provider engagement and satisfaction. This session will share processes and key lessons learned.</p> <p>OR</p> <p>Inappropriate Opioids, Adverse Outcomes and IT Solutions Little information exists on the appropriateness of opioid prescriptions and how opioid prescribing practices influence health outcomes and medical costs. Using a nationwide database, we linked pharmaceutical and</p>

	<p>inpatient/outpatient records for individuals with a medical disability due to carpal tunnel release surgery. We found that 29% of cases were prescribed opioids contrary to evidence-based guideline recommendations. Further, patients prescribed an opioid contrary to guidelines had disability durations 2 days longer and medical costs \$422 higher than patients prescribed an opioid according to guidelines. Inappropriate opioid prescriptions for carpal tunnel release may cost the U.S. \$71 million in medical costs and 124,000 disability days. IT solutions are available to prevent inappropriate prescriptions including drug formularies. This session will discuss the integration of opioid guidelines and a drug formulary within Kaiser Permanente's EHR including physician perspectives of the tool.</p> <p>OR</p> <p>Creating a Population Health Strategy that Scales Attendees will learn how UMass Memorial collects data from diverse sources, integrates it, then analyzes it to create a clear picture of population health needs and value-based care performance. They will also learn how UMass Memorial's office of clinical integration managed the cultural change necessary to move from fee-for-service medicine to value-based care.</p>
4:00 – 5:00 PM	<p>Concurrent Education Sessions:</p> <p>Behavioral Health: A Launchpad for Enterprise Telehealth As telemedicine continues to change how providers interact with their patients, organizations are expanding already existing telehealth programs or are investing in telehealth technology. Introducing Behavioral Health services via telemedicine can have an immediate impact on a wellbeing of the patient population. Focusing on one service line, Behavioral Health, this session will walk through how Mass General Hospital (MGH) has successfully implemented and continues to grow their telehealth program - beginning with building a strategy through to growing the patient population. Due to the ever-changing regulatory telemedicine landscape, a special focus will be placed on the necessary legal considerations when developing a program. Presenters will also touch on a recent expansion of the program to reach island residents and a tourist population off the coast of Massachusetts as well as the new NQF guidelines and how MGH has embarked on implementing the new measures.</p> <p>OR</p> <p>Using Simulation Training to Speed EHR Adoption Successful EHR implementation hinges on several factors with user training in the top rank. Classroom training, while standard, is perceived as high cost and low value by many medical professionals. While time in the classroom is a component of an overall learning strategy, simulation training is playing an increasing role in higher medical education. MD Anderson, faced with a single go-live to launch our EHR, used simulation training to augment classroom work. We created a simulation environment for our physician faculty, advanced practice providers and fellows. We used simulation to augment classroom instruction for over 2000 providers. This approach was well accepted by our faculty and in post go-live evaluation was seen as an extremely valuable experience. This session will include specific examples of the how this training platform can be used at scale to deliver an enhanced training experience and actionable insight into provider preparation.</p> <p>OR</p> <p>Five Pillars of a Best-In-Class Cybersecurity Program</p>

	This session will detail the five vital pillars of building and running an effective cybersecurity program, touching on key best practices undertaking this implementation, barriers you may encounter and how to overcome them, and expected successes. This speaker's expertise combined with more than 25 years of experience will guide audience members from all companies – whether big or small – on the best way to develop and implement a cost-effective, fully functional and adaptable security program.
4:00 – 5:00 PM	Views from the Top – Leveraging Information and Technology to Minimize Health's Economic Challenges with HIMSS CEO Hal Wolf Description: Economic pressures and demands on the healthcare industry are poised to intensify in the coming decade. The impending silver tsunami partnered with a shrinking economic base are challenging hospitals and providers to continue to deliver services while maintaining quality of care. In facing this full-fledged economic emergency, the health community needs to decide quickly where and how to innovate, invest and implement impactful technologies. Hal Wolf III, President and CEO of HIMSS, will discuss how organizations can leverage the value of HIMSS to address the information and technologies needed to face the next decade of economic uncertainty. Attendees will have the ability to participate in a Q&A session at the end of the session.
4:00 – 5:00 PM	Congressional Forum Description: The Congressional Forum session provides the opportunity to hear from key Senate and House of Representatives staffers about the health IT public policy topics that they are addressing as well as the issues where they seek more information and input from constituents.
5:30 – 6:30 PM	HIMSS Communities Carnival HIMSS membership include a broad range of professional roles. Take this in-person opportunity to build your peer network, and mingle with volunteers and leaders from HIMSS communities, chapters, committees, task forces, career development, and more.
	Dinner on your own

Wednesday, March 7th, 2018

7:00 – 8:15 AM	HIMSS Public Policy Leaders Breakfast Description: Breakfast with HIMSS public policy leaders, winners of the HIMSS Nichols E. Davies Award for Excellence in Health Information Technology, and the HIMSS Public Policy Committee.
8:30 – 9:30 AM	State Officials Panel: Health IT Across the States Description: State Officials Panel: Health IT Across the States, where state officials will discuss critical health IT public policy topics and how states have attempted to address them with the help of federal agencies, partner organizations, and in collaboration with other states. This session will provide a compelling discussion on the best practices and lessons learned from state action on key health IT policy issues.
8:30 – 9:30 AM	Views from the Top – Inspiring Digital Health innovation: Transformative Insights from Across the Globe Description: Embracing strategies that drive innovation across the healthcare continuum are critical to improving the efficiency and effectiveness of the patient care experience. For those digital health ecosystems that do embrace change

	<p>through innovation, their healthcare executives recognize that business drivers like quality, cost, and safety are enhanced through disruptive technologies such as artificial intelligence, machine learning, and virtual reality. From this esteemed panel of internationally-recognized experts, attendees will gain insights into the knowledge, the experiences, and the deep learnings that are so critical to driving change. With a focus on the challenges and the opportunities experienced across the people, the processes, and the technologies, panelists will identify those elements that are so critical to establishing and nurturing a culture of innovation.</p>
<p>9:30 AM – 6:00 PM</p> <p>(When not attending concurrent educational sessions or for non-scheduled time)</p>	<p>HIMSS18 Exhibition Hall with live technology demonstrations, presentations, and sessions</p> <p>Description: Learn about cutting edge health information technology. Experience thousands of health IT products and services on the HIMSS18 exhibit floor. Features the Meaningful Use Experience — a special live demonstration area that lets the viewer experience proven, certified EHR solutions. Also experience firsthand the Social Media Center, HIMSS Interoperability Showcase, The Intelligent Hospital Pavilion and much more.</p>
<p>9:30 AM – 6:00 PM</p> <p>(When not attending concurrent educational sessions or for non-scheduled time)</p>	<p>Interoperability Showcase</p> <p>Description: Explore a health ecosystem where standards-based health IT enables individuals to securely access, contribute to and analyze their own health data. Learn how current health IT products in the market deliver standards-based interoperability and health information exchange with an interactive learning experience.</p>
<p>10:00 – 11:00 AM</p>	<p>Concurrent Education Sessions:</p> <p>Applying Pop Health to Benefit the Mississippi Delta Region The Mississippi Delta Medicaid Population Health Project was launched to drive targeted community, patient and medical provider interventions using modern Population Health Management solutions. The project has two overarching goals: 1) Reduce the rate of preterm births by 5%; 2) Reduce the progression of prediabetes to diabetes by 5%. Delta Health Alliance (DHA) in coordination with the Mississippi Division of Medicaid has been able to combine its electronic health record system with claims data from the State MMIS system. This data has been organized in dynamic registries that Medicaid providers have access to, at the point of care, to identify, score and predict the risks for diabetes progression or preterm birth. Phase 1 of the project is focused in a 5-county region throughout the Delta including: Coahoma, Holmes, Leflore, Sunflower and Washington counties. The study is expanding to a 10-county region in Phase 2. Prediabetes Phase 1 results will be complete by August 2017.</p> <p>OR</p> <p>Beyond the EHR: Continuous Innovation for the Transition to Value-Based Care Many healthcare organizations have thought or planned for the transition to value-based care, however most are in the early stages. Learn about how Providence St. Joseph Health has built a strategic roadmap and created practical use cases to get ahead of the shift. This organization has been proactively building the tools and processes to optimize workflow and improve patient outcomes, which includes the development of leading performance indicators as well as use cases to support workflows within a Clinically Integrated Network.</p>

	<p>OR</p> <p>Is Blockchain Right for Good Health? A great deal of hype has been generated about blockchain's capability of redefining the future of enterprises by solving legacy problems that have impeded optimization and innovation. After the blockchain tsunami in the financial sector, the U.S. healthcare system became prime target number two. This session will cover the advancement of blockchain adoption within the healthcare system, progress on certain applications (health record, medical interoperability), and rapidly emerging areas of need (i.e. data breaches, medical device vulnerability).</p>
11:00 - 12:00 AM	Staff Led VIP Tour of the Interoperability Showcase
11:30 AM – 12:30 PM	<p>Concurrent Education Sessions:</p> <p>Risk Management Framework for DoD Medical Devices This session will describe the DoD Risk Management Framework (RMF) requirements, workflows and the Defense Health Agency's role in RMF for medical devices.</p> <p>OR</p> <p>Patients as Partners: Embracing Patient-Driven Design and Innovation Participatory design approaches, such as "design thinking" and "maker movement", involving both patients and caregivers have the potential to create innovative and disruptive health solutions that improve care experiences for everyone. In this high-impact session featuring 3 "ignite talks", design experts will showcase how we can move health care forward in the continuum of design to complement the three concurrent strands fueling the surge of participatory and DIY mentality today: "I want to do it," "I can do it," and "let's do it together".</p> <p>OR</p> <p>Embracing Longitudinal Person-Centered Care Plans This session will introduce the concept of longitudinal person-centered care plan and describe current Federal and State regulatory levers in place to support the standardized, electronic capture, exchange and sharing of person-centered plans across multi-disciplinary settings to include home and community-based settings (HCBS). This session will describe key financial levers such as the CMS Chronic Care Management Codes, CMS Comprehensive Primary Care Plus Payment Model and CMS HCBS Waiver Program, and technical levers such as the ONC 2015 Edition Care Plan Criterion.</p>
1:00 – 2:00 PM	<p>Federal Health Community Lunch</p> <p>Description: A community of HIMSS members and Federal Government employees, coming together for cross-agency information sharing and networking, and to share new ideas on how health IT can be used to improve healthcare delivery by the federal government.</p>
1:00 – 2:00 PM	<p>Concurrent Education Sessions:</p> <p>Connected Care: VA, Virtual Health, and the Patient Experience This session focuses on the next phase of VA's digital transformation –the integration of mobile, telehealth and electronic health record (EHR) tools to provide a seamless experience of care delivery that gives Veterans and care teams a cohesive system to access, manage and track health holistically over time.</p> <p>OR</p>

	<p>Digital Transformation Across the Healthcare Ecosystem Learn industry perspectives to address strategies and best practices for navigating this shift across an organization including leadership, business operations, patient engagement strategies and technological advancements. Realize the value proposition for evolving your organization alongside the pace of today's technological disruption.</p> <p>OR</p> <p>Shared Governance and Analytics Framework Improves Quality In this session, MultiCare will illustrate how a shared governance arrangement built a strategic framework for the use of analytics to deliver not only broader quality outcomes, but also service excellence and affordable care.</p>
2:30 – 3:30 PM	<p>Concurrent Education Sessions:</p> <p>Putting Patients First by Reducing Administrative Tasks This session will assess the effects on administrative tasks on physician time, practice and system cost, and patient care due to the increase in administrative tasks, and then to identify recommendations to modify, mitigate, reduce, or eliminate these tasks as appropriate</p> <p>OR</p> <p>One Size Doesn't Fit All: Local Public Health Informatics Perspectives This session will give an overview of both surveys as well as provide a basic tutorial about public health and local health departments. Issues related to overall informatics capacity of local health departments and the gaps that need to be addressed in the current climate which includes budget cuts, workforce challenges, as well as the implications of national policy efforts.</p> <p>OR</p> <p>Building a Population Health Strategy that Physicians Love This educational session describes best practices and lessons learned by Alliance Cancer Specialists and Shore Quality Partners in their multi-year population health management journey. The speakers share best practices and lessons learned across their physician-led organizations to create a new culture and network initiatives embraced by both providers and practice stakeholders. Once physicians comprehend data's value in transforming patient care, they feel empowered and become strong advocates; they are more motivated to provide customized care, reduce variability and improve outcomes.</p>
4:00 – 5:00 PM	<p>Concurrent Education Sessions:</p> <p>The Power of Health IT – Predict, Prevent, Innovate In this session, speakers will review common mistakes to avoid, scenarios to consider and how the secure, connected hospital can enhance the patient, clinician, and operational experience.</p> <p>OR</p> <p>Improving Quality of Care in Anesthesiology We will discuss the key organizational and technological challenges encountered, and how these challenges were addressed to ensure that NACOR is accessible to anesthesiology groups of all sizes, including small groups with limited IT support and groups that practice in multiple hospitals with multiple EMR vendors.</p>

	<p>Addressing these challenges has required taking innovative approaches to health data integration and a relentless focus on attaining scalability in business and technical operations. Today, NACOR provides a robust clinical data set that is being used to improve outcomes in anesthesiology.</p> <p>OR</p> <p>The Cloud Through the Eyes of a Community Health Center CIO This session is geared to providing the answers these hospitals seek. Presented by a healthcare CIO with extensive experience managing IT for community hospitals and medical groups, this session will outline the unique challenges—and unexpected opportunities—smaller organizations will encounter by moving their core applications and protected health information to a secure, HIPAA-compliant cloud.</p>
5:15 – 6:15 PM	<p>Federal Health Community Reception</p> <p>Description: Networking event for the Federal Health Community, a community of HIMSS members and Federal Government employees. **No alcohol will be provided or served to Senate staff**</p>
6:30 – 8:00 PM	<p>HIMSS18 Women in Health IT Reception</p> <p><u>Location:</u> TBD</p> <p>Description: Be a part of the industry's most powerful gathering of women innovators, leaders and entrepreneurs shaping and transforming health through technology today. Share stories, recognize and celebrate your peers – form valuable connections that will last a lifetime. **No alcohol will be provided or served to Senate staff**</p>
	Dinner on your own

Thursday, March 8th, 2018

8:30 – 9:30 AM	<p>Concurrent Education Sessions:</p> <p>Designing from the Inside Out: Taking a Strategic Approach This session will provide details on how Northwell successfully developed a strategy and internal program for the responsible use of telehealth across its 18 hospitals in New York. The goal of this session is to prepare attendees to assess their readiness for a system-wide telehealth program, and begin putting the pieces in place to develop their own strategic and long-range plans.</p> <p>OR</p> <p>Integrating Evidence-Based Decision Tools within an EHR This session will describe the process of picking and deploying CDS tools incorporating evidence-based guidelines within a large-scale, EHR system. Physician perspectives and usage of the CDS tool will be discussed. Finally, the speakers will present trends in quality of care metrics attributed to the adoption of CDS tools at the point of care.</p> <p>OR</p> <p>Standards and Interoperability – DoD/VA Health Information Exchange The Military Health System (MHS) and Veterans Health Administration (VHA) are two large health systems serving the Nation's military veterans. As veterans move between the MHS and VHA, the availability of treatment information from all sources of care is critical for delivery of safe, quality, and efficacious care. MHS</p>
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	and VHA have adopted Office of the National Coordinator (ONC) standards to assure interoperability and to support patient care. This session explores those standards and their application to facilitate health information exchange.
9:30 AM - 4:00 PM (When not attending concurrent educational sessions or for non-scheduled time)	HIMSS18 Exhibition Hall with live technology demonstrations, presentations, and sessions Description: Learn about cutting edge health information technology. Experience thousands of health IT products and services on the HIMSS18 exhibit floor. Features the Meaningful Use Experience — a special live demonstration area that lets the viewer experience proven, certified EHR solutions. Also experience firsthand the Social Media Center, HIMSS Interoperability Showcase, The Intelligent Hospital Pavilion and much more.
9:30 AM - 4:00 PM (When not attending concurrent educational sessions or for non-scheduled time)	Interoperability Showcase Description: Explore a health ecosystem where standards-based health IT enables individuals to securely access, contribute to and analyze their own health data. Learn how current health IT products in the market deliver standards-based interoperability and health information exchange with an interactive learning experience.
10:00 – 11:00 AM	Views from the Top – Caring for Astronauts in Space: The Role of Telemedicine at NASA Description: Several times a year, a new team of astronauts is launched to the International Space Station, where they stay for six months to one year, performing engineering tasks, research, maintenance and upgrades. During this time, access to medical care is crucial, as altered routines and microgravity have deconditioning effects on crew members' bone and muscle, fluid distribution and immune function. Examine NASA's current use of telemedicine in the care of astronauts in orbit, and learn about opportunities being considered for future exploration class missions.
10:00 – 11:00AM	Concurrent Education Sessions: Standardizing Clinical Communications Improves Patient Care This session will describe the physician-led journey, addressing unique challenges such as postoperative patient care's extraordinary volume of conversations traversing multiple units. Above all, HSS desired to create a higher level of patient safety for postoperative patients from falling victim to pathway deviations. OR Identity and Access Management Challenges in Academic Medicine In this session, we will discuss identity and access management risks and challenges at academic medical centers, like the Mayo Clinic, along with practical approaches to address some key risks and challenges. OR How IT Leaders Can Reduce Reporting Burden, Boost Incentives This session provides a framework and actionable insights to operationalize an IT-driven quality reporting strategy. The speakers will facilitate a discussion about successful strategies to reduce reporting burden and maximize CMS incentives.

	<p>This would include a focus on the need for collaborate and cooperation among all disciplines within the organization (Finance, IT and Clinical Operations). It would also incorporate a collaborative strategy approach among internal and external stakeholders across the continuum of healthcare providers (hospitals, practices, PAC providers etc.).</p>
11:30 AM – 12:30 PM	<p>Concurrent Education Sessions:</p> <p>Creating a Culture of Innovation: Best Practices from the Battlefields Of all challenges in the pursuit of a better tomorrow, getting the “culture of innovation” right may be the most rewarding of them all. We have all heard the Peter Drucker quote that “culture eats strategy for breakfast”, but how does an organization effectively foster a productive culture of innovation? Although there is not a one size fits all approach to innovation, there are best practices out there, and blueprints that we can use today to build off of. This session harnesses the tremendous discussions online via a HIMSS social media campaign around the theme of the culture of innovation, and distills these down to key tenets and learnings.</p> <p>OR</p> <p>Standardizing Collection of Social Determinants Data This session will discuss how data on patient social risk is foundational for driving delivery system and payment reform.</p> <p>OR</p> <p>Innovative Use of Technology in the Home: A Davies Story On the continuum of care, treatment does end with a hospitalization or an office visit. In this session, HIMSS Davies Award winner Parkland Hospital (Dallas, TX) will share how technology is used to facilitate the administration of outpatient parenteral antimicrobial therapy. This technology-enabled process produced a 47% lower readmission rate, saved 27,666 patient days in the hospital, and saved \$40,000,000 for Parkland. Also in this session, Davies Award winner Lana'i Community Health Center (Lana'i City, HI), will demonstrate how remote blood pressure monitoring is a more effective method for diagnosing hypertension and enables improved hypertension control for the residents of Lana'i.</p>
1:00 – 2:00 PM	<p>Concurrent Education Sessions:</p> <p>Use of Real-Time Best Practice Alerts to Confirm Treatments This session describes a process for automatically creating real-time, patient-specific BPAs based on information contained in an electronic consent form. Examples cited will include reviewing the chemotherapy agents listed on the consent form and automatically generating a BPA if an order is entered for an agent that does not match those on the consent. Recommendations for organizations that plan to implement real-time, patient-specific BPAs will be presented.</p> <p>OR</p> <p>CDS in the Cloud: Deploying a CDC Guideline for National Use This session will show the ability to deliver clinical decision support at scale – to numerous web service endpoints, and via SMART on FHIR applications. For this demonstration, we will describe how complex clinical logic is abstracted from a clinical guideline and represented in CQL as a component of a knowledge framework. The demonstration shows the feasibility and value of employing collaborative web-services and standards-based APIs providing clinical decision support in the form of externalized knowledge-based web services. A clinical</p>

	<p>scenario will be presented showing the system in use for an outpatient encounter. A brief description of the authoring tools used will be given. Attention will be drawn to the current state of the art, and suggestions offered for future standards harmonization and vendor support for standards-based APIs.</p> <p>OR</p> <p>Improving RRID Security in a Healthcare Environment This session will discuss best practices for securing systems that your organization may already own, how to implement security in your purchasing reviews, how to assess risk for RFID implementations, and what new emerging technologies provide the most promise for improving security.</p>
2:30 – 3:30 PM	<p>Concurrent Education Sessions:</p> <p>Pharmacogenomics within the EHR This session will review the clinical, laboratory, informatics, and policy decisions involved in implementing pharmacogenomics within an EHR.</p> <p>OR</p> <p>New Medicare Card Project CMS will provide an update on the New Medicare Card Project. The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 mandates the removal of the Social Security Number (SSN)-based HICN from Medicare cards to address current risk of beneficiary medical identity theft. A new Medicare Beneficiary Identifier (MBI) will replace the SSN-based HICN on new Medicare cards which will be mailed to 60 million beneficiaries. This presentation will provide an update to the implementation and what stakeholders need to do to get ready.</p> <p>OR</p> <p>From Implementation to Optimization: Moving Beyond Operations This session will describe the process that our organization went through to evaluate the current governance, process and structure for supporting Clinical Applications including using an outside consultant to assist in developing appropriate KPIs and SLAs. Everything from optimizing the work intake and prioritization process to enhancing clinical partnerships will be discussed.</p>
2:30 – 4:00 PM	<p>Roundtable Discussion with Federal Agency Staff (CMS, ONC, DHA, among others)</p> <p>Location: TBD</p>
4:00 – 5:00 PM	<p>Concurrent Education Sessions:</p> <p>Incident Response Lessons from the Front Lines This session will provide an in-depth overview of what should go in to an incident response plan, how to test it, how to educate the other members of your organization as to the importance, and most importantly, how to be prepared when an incident or breach occurs.</p> <p>OR</p> <p>Building and Maintaining a Modern Provider Directory This session will explore the type of systems involved in this complex process, and share some of the challenges and successes Jefferson has had in pulling the</p>

